

**Department of Workforce Development
Worker's Compensation**

201 East Washington Avenue
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Fax: (608) 267-0394
e-mail: dwddwc@dwd.state.wi.us



**State of Wisconsin
Department of Workforce Development**

**Jim Doyle, Governor
Roberta Gassman, Secretary
Frances Huntley-Cooper, Division Administrator**

February 15, 2006

TEST INSURER 1
C/O TEST INSURER 1
ONE MAIN ST
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 01/01/94
EMPLOYEE: SIMPLE SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

We are making an annual follow-up for this fatal injury. Please answer the questions below and return this form or a photocopy of this form with your responses:

1. Has there been any change in the name or address for the surviving spouse and/or dependent(s)? If so, please write new name and address below.

2. How much compensation have you paid to date?

\$_____